

**PERMIT-BY-RULE NOTIFICATION**

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF WASTE MANAGEMENT

SFN-19534 (06/02) • PHONE: 701-328-5166 • FAX: 701-328-5200

FOR STATE USE ONLY:

Facility ID#: \_\_\_\_\_

The North Dakota Solid Waste Management Rules, NDAC 33-20, provide a Permit-by-Rule process for certain small solid waste facilities that are operated in compliance with the state solid waste rules. For this notification, please check [T] the type of facility below:

<input type="checkbox"/>	<b>Inert Waste Landfill</b> operated for municipalities servicing populations of less than one thousand (1,000)
<input type="checkbox"/>	<b>Drop Box Facility</b> (such as for rural collection facilities)
<input type="checkbox"/>	<b>Waste Pile for composting grass and leaves</b> operated for ten thousand (10,000) or fewer people
<input type="checkbox"/>	<b>Scrap Tire Pile</b> - a tire dealer, a municipality, or a county may accumulate a pile which contains either 1300 or fewer tires or the equivalent in volume to one twin-axle semitrailer-load or less

Please complete all applicable sections of this form and include copies of each required map and drawing. Please keep copies of all information for your records and for use by site operating personnel. Refer to the North Dakota Solid Waste Management Rules, NDAC 33-20 (pertinent sections are attached), and any pertinent (Department) Guidelines for additional information concerning site selection and facility operation.

**I. BACKGROUND INFORMATION**

Property Owner:		
Contact:		
Mailing Address:		
City:	State:	Zip Code:
Business Telephone:	Home Telephone:	

Legal Description of Site:	1/4 of	1/4 of	1/4
of Section:	Township:	Range:	Township Name:
County:	Total Number of Acres in Site:		

Facility Operator(s):		
Mailing Address:		
City:	State:	Zip Code:
Business Telephone:	Home Telephone:	

Area(s) from which solid waste will be accepted:	
Projected Lifetime of Facility:	
Have there been past waste disposal activities at the proposed site?	<input type="checkbox"/> Yes, please explain: <input type="checkbox"/> No

For Inert Waste Landfills or Drop Box Facilities - Indicate [T] Types of Waste Deposited at Site:			
<input type="checkbox"/>	Construction and/or demolition	<input type="checkbox"/>	White goods (stockpiled for recycling)
<input type="checkbox"/>	Grass, brush and tree trimmings	<input type="checkbox"/>	Lime sludge
<input type="checkbox"/>	Tires	<input type="checkbox"/>	Other:
Types of equipment used at site:			

## II. FIGURES AND MAPS

Include the following maps and information, with the site delineated in red pencil, to help in assessing the site and soil characteristics (this information should be available from local Natural Resources Conservation Service/NRCS and Agricultural Stabilization and Conservation Service/ASCS offices): <b>Please check (T):</b>	
<input type="checkbox"/>	Copy of county soil survey map (if the county has been mapped) or other appropriate soil details with copies of the interpretation sheets
<input type="checkbox"/>	Topographic map with exact landfill location marked
<input type="checkbox"/>	County road map of area with site location marked
<input type="checkbox"/>	Large scale aerial photo - available from ASCS

## III. SITE AND SOIL CHARACTERISTICS

1. Site slope (percent):	
2. Distance to surface water (feet or miles):	
3. Distance to nearest building or residence (feet):	
4. Depth to water table (feet):	
5. Soil type (sand, loam, or clay):	
6. Location of nearest wells:	Depth of wells:

**IV. COMPLIANCE WITH WASTE MANAGEMENT RULES - Please check (T):**

	1. Population served
	2. Permanent sign
	3. Record of notice with County Register of Deeds (for landfills)
	4. All-weather access road
	5. Prohibit disposal of liquids
	6. Stockpile topsoil (for landfills and compost sites)
	7. Access control (locked gate and fence)
	8. Prohibit open burning
	9. Are there any easements on the property?
	10. Are local zoning and health officials knowledgeable of the facility and the practices to be employed at the site? (List of local Health Districts attached.)

**V. FOR SMALL SCRAP TIRE PILES:**

	1. Access control (locked gate and fence)
	2. Is location accessible by fire control and emergency equipment? Describe provisions:
	3. Name, location, and phone number of local fire contacts
	4. Does the site have provisions to control insects and vermin?
	5. Where will tires or scrap rubber be transported to for recycling or disposal?

**VI. SITE DEVELOPMENT, OPERATION AND CLOSURE PLANS - Please check (T):**

Include appropriate facility development, operation and closure plans or drawings as well as supporting narrative (check [T] all that are enclosed) including:	
	Facility fences, gates, signs, roads, adjacent land features (including wetlands or drainage features), etc.
	Projected areas to be used for waste management during the facility life
	Location of pertinent waste management features including trenches and wood burn areas (for landfills), compost pads or areas, recyclable material stockpiles, tire piles, drop box or dumpster locations, etc.
	Stockpile areas for Suitable Plant Growth Material (SPGM - normally the soil A and upper B layers)
	Stockpile areas for soil cover material (for landfills)
	Recycling or disposal of tires and/or recycling of other materials
	What equipment will be readily available for site operation and closure?
	Who will have the key(s) for the facility so as to control access to the site?
	Site closure plans, diagrams and revegetation seed mix

**VII. LOCAL ZONING APPROVAL- Please check (T):****YES NO**

The owner/operator of any solid waste management facility should make sure the facility is in accordance with any local zoning and Health District requirements. Does the site identified in this application meet the requirements of any local zoning (county, township, city, etc.) and Health District jurisdiction in the area of the facility?

**VIII. OWNER'S/OPERATOR'S SIGNATURE/CERTIFICATION**

Owners/operators of Permit-by-Rule facilities must comply with applicable North Dakota Waste Management Rules including:

1. Section 33-20-02.1-02 Permits-by-Rule;
2. Section 33-20-02.1-04 Record of Notice for Landfills;
3. Section 33-20-04.1-01 General Location Standards;
4. Section 33-20-04.1-02 General Facility Standards;
5. Section 33-20-04.1-05 General Closure Standards;
6. Section 33-20-04.1-06 Drop Box Facilities;
7. Section 33-20-04.1-07 Piles (Compost or Tires) Used for Storage or Treatment;
8. Section 33-20-04.1-09 General Disposal Standards;
9. Section 33-20-05.1 Inert Waste Landfills; and
10. Section 33-20-13 Water Protection Provisions.

By signing this form, I \_\_\_\_\_ certify the \_\_\_\_\_  
(Print name) (print name of facility)

Permit-By-Rule facility will be operated in compliance with the rules and regulations listed above.

\_\_\_\_\_  
(Signature) (Title) (Date)

\_\_\_\_\_  
(Address) (City) (State) (Zip) (Area Code/Phone)

**Prepared by:**

\_\_\_\_\_  
(Signature) (Title) (Date)

\_\_\_\_\_  
(Address) (City) (State) (Zip) (Area Code/Phone)

**Mail to:**

ND DEPT OF HEALTH  
DIVISION OF WASTE MANAGEMENT  
PO BOX 5520  
BISMARCK ND 58506-5520

**NOTE: PLEASE RETAIN COPIES FOR YOUR RECORDS AND FOR FACILITY OPERATING PERSONNEL.**